

**CITY OF FLORIDA CITY
OCCUPATIONAL LICENSE
APPLICATION AFFIDAVIT**

FOR OFFICE USE ONLY

License No. _____

Total Fee _____

Category _____

Application is here-by made for an Occupational License for the purpose of engaging in the business, profession, or occupation hereinafter described:

(PLEASE PRINT)

Name of Business (dBA) _____

Billing Address _____

Address _____

Zip _____ Phone _____

Emergency Telephone No. (_____) _____

Owner's Name _____

FEIN or S.S.# _____

Address _____

(Need copy of Federal Employer Identification and / or Social Security Card)

Zip Code _____

State License Number _____

Phone _____

(If applicable, need copy)

U.S. Citizen? _____ Resident Alien? _____

Corporation's Name _____

(Need copy of INS card and / or Photo ID)

(Need copy of Article of Incorporation)

Please check the following boxes that apply to your business. Describe further in Section 1 & 6.

☐ AMUSEMENT AND RECREATION (See Section 1)

☐ MEDICAL OFFICE / HEALTH CARE FACILITY

☐ AUTOMOTIVE SERVICES (See Section 3)

☐ OTHER PROFESSIONAL (specify in Section 6)

☐ BARBER / BEAUTY SHOP / NAIL / TANNING (See Section 2)

☐ MERCHANT - RETAIL & WHOLESALE

☐ CONTRACTOR (Specify Type) _____

☐ MOBILE HOME PARK / TRAILER PARK

☐ DRY CLEANING / LAUNDROMAT (See Section 5)

☐ NON PROFIT ORGANIZATION

☐ EATING AND DRINKING ESTABLISHMENTS (see Section 1)

☐ PUBLIC CONVEYANCE - LIMOUSINES

☐ INSURANCE AND / OR BONDING COMPANY

☐ REAL ESTATE (See Section 4)

☐ LANDSCAPING / HORTICULTURAL SERVICES

☐ RENTAL UNITS (see Section 5)

☐ MANUFACTURING

☐ WAREHOUSE

☐ MISCELLANEOUS (Describe further in Section 6)

☐ MOBILE VENDOR /PEDDLER

_____ **TOTAL SQUIRE FEET**

_____ **NUMBER OF EMPLOYEES**

Please check the appropriate boxes and fill in spaces pertaining to your business

SECTION I

☐ CATERING OR DELIVERY _____ NUMBER OF ALLEYS - BOWLING ALLEY

☐ DRIVE-IN /DRIVE THRU _____ NUMBER OF MACHINES - COIN-OPERATED AMUSEMENT MACHINES

☐ ENTERTAINMENT _____ NUMBER OF MACHINES - FOOD, BEVERAGE, OR TOY VENDING MACHINES

☐ DANCING _____ SEATING CAPACITY

☐ JUKEBOX _____ NUMBER OF VENDING MACHINES

SECTION 2

_____ NUMBER OF STYLING CHAIRS _____ NUMBER OF STYLING CHAIRS _____ NUMBER OF
(For Hair Salons & Barbers) (For Nail Sculptures) TANNING BOOTHS

SECTION 3

_____NUMBER OF GAS PUMPS ☐ WRECKER SERVICE _____NO. OF VEHICLE CAPACITY
_____NUMBER OF CAR RENTALS ☐ CAR WASH _____OF PARKING LOTS/STORAGE
_____NUMBER OF TRUCK RENTALS ☐ WINDOW TINT _____NO. OF PUBLIC CONVEYANCE
_____NUMBER OF TRAILER RENTALS _____NUMBER OF TAXI CABS

SECTION 4

_____NUMBER OF BROKERS _____NUMBER OF SALESPERSONS
_____NUMBER OF ADJUSTERS _____NUMBER OF INSURANCE AGENTS

Please submit an accurate list of every person who issues or contracts on his account by agent, or otherwise to issue policies or contracts for or agreements with, any local agent/agency which represent you. Please include their mailing address and state license number.

SECTION 5

_____NUMBER OF 1 BEDROOM RENTAL _____NUMBER OF 2 BEDROOM RENTALS
_____NUMBER OF SPACES (MOBILE HOME PARK) ☐ DRY CLEANING SERVICE / DROP OFF
_____NUMBER OF WASHERS AND DRYERS _____NUMBER OF DRY CLEANING MACHINES

SECTION 6

State character of type of business, profession, or occupation: _____

I have read the foregoing and Certify the information contained herein is correct to the best of my knowledge and belief. Unless specifically requesting establishments of an adult use. I also certify the business, its owners and its operators are not involved in adult entertainment business in Florida City or in any other jurisdiction, and have not been convicted of Chapter 794, 796, 800, or 847, Florida State Statutes, offenses, or similar statutes of another state. I understand that any misrepresentation shall be grounds for revocation of my license. I also understand that I must comply with all code requirements of the City of Florida City.

Date

Signature of Applicant & Title

Printed name of Applicant

MAIL TO: City of Florida City
Occupational Licenses
404 West Palm Drive
Florida City, FL 33034

APPLY AT: City of Florida City
Community Development Division
Building & Zoning Department
404 West Palm Drive
Florida City, FL 33034

Please make checks payable to: **City of Florida City**

OFFICIAL USE ONLY

Verified by Visual Inspection(s) By _____
Signature of Inspecting Official

OK TO ISSUE -BY _____
Director of Building & Zoning